

VA Stroke QUERI Circular

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Preliminary findings.....



Barriers & facilitators to detecting and treating depression after stroke

Recently, Stroke QUERI investigators at the Indianapolis VAMC conducted a pilot project to better understand what veterans and their health care providers saw as barriers and facilitators to detecting and treating depression after stroke.

Patient & Caregiver Perspectives

Stroke QUERI investigators conducted focus groups of veteran and non-veteran stroke survivors (3 groups) and family caregivers (1 group) to better understand their experiences with depression symptoms and what they saw as major barriers and facilitators to detecting and treating depression after stroke.

A major theme from both veterans and their families was lack of knowledge about what to expect after stroke or the normal course of recovery. Recognizing symptoms of depression and finding time to talk to providers were also common barriers.

Major facilitators for patients were having contact with “someone from the hospital who cares what is happening to me,” having education about what to expect before they were discharged, and having materials that would help them recognize symptoms as depression symptoms.

Provider Perspectives

We also conducted semi structured interviews with primary care and neurology providers. Primary care providers felt that time and patient reluctance to accept depression diagnosis were barriers to care, but that the existing depression screening done by nurses was an excellent way to help them recognize and treat depression.

Neurologists felt that they did not have adequate clinic support to identify depression and did not have experience with the existing

Upcoming Conferences

May 14-15, 2005 6th Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke.
American Heart Association, Washington, DC <http://www.americanheart.org/presenter>

May 25-28, 2005 **14th European Stroke Conference**, Bologna, Italy <http://www.eurostroke.org/>

June 26-28, 2005, **AcademyHealth's Annual Research Meeting (ARM)**, Boston, MA <http://www.academyhealth.org/conferences/arm.htm>

July 7-9, 2005 **4th Annual Summer Institute on Evidence-Based Practice**, San Antonio, TX <http://www.acestar.uthscsa.edu>

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Stroke & Atrial fibrillation—Is there an anticoagulation quandary?

Atrial fibrillation (AF) is one of the most common treatable risk factors for stroke. It affects

approximately 2.2 million Americans, and accounts for about 15% of the 700,000 strokes annually. Furthermore, AF has been associated with higher medical costs as well as increased risk of death. AF is a particular issue for individuals who have had a stroke. Nearly 1 in 5 patients with acute stroke will have this rhythm disturbance, and their subsequent risk of stroke without treatment is about 12% per year.

Multiple randomized trials have demonstrated that adjusted-dose warfarin is an effective therapy for both primary and secondary stroke prevention, reducing risk by about two-thirds. This evidence has led to various guidelines, including the VA/DoD clinical practice guidelines for the management of stroke rehabilitation in the primary care setting, to recommend that patients with stroke associated with AF be treated with warfarin.

However, these recommendations are not consistently followed. In particular, approximately one-third of individuals with AF are not treated with warfarin, and among those who are treated, therapeutic target range for prothrombin time (as measured by International Normalized Ratio, INR) is met about half the time. The latter is a particular problem since out of range values can place the patient at risk for bleed (at the high INR range) or thromboembolism (at the low INR range), thus encouraging increased use of warfarin must go hand-in-hand with assuring high quality anticoagulation.

Due to the complexities of warfarin dosing and monitoring, barriers to anticoagulation are multifaceted and may include organizational, provider, and patient level factors. The VA is in a unique position to address these issues at a practical and system-wide level. The Stroke QUERI is poised to lead the nation and the VA in addressing these concerns. Improved warfarin use for stroke patients with AF is a major effort of the Stroke QUERI. This work is proceeding on several fronts.

- ♦ Analyzing administrative data to understand the current status of warfarin use (both rates of use and quality of use) across VA facilities.
- ♦ Examining several innovative approaches currently under evaluation in the VA to improve anticoagulation care, specifically the use of home monitors.
- ♦ Performing an in-depth analysis of services in a specific VISN to better understand the opportunities and barriers to practice improvement efforts.

On this third front, we are collaborating with Valerie Robinson, RN, Quality Manager of VISN 6, to perform a qualitative assessment of strategies for acute stroke care and secondary stroke prevention for stroke patients with AF within the VA. This survey will take advantage of the ongoing audits that Ms. Robinson performs.

These results will provide needed data on an organizational (facility) level to determine providers of care for stroke patients with AF, and to create a better understanding of the process of care that is in place for treating stroke patients with AF. Currently, we are refining and revising the survey instrument and plan on commencing this project by the end of this summer.

EES “Stroke Rehabilitation Clinical Practice Guideline”

Course results.....

Did you know.....

- ◆ You can learn how to provide the best care for veterans with stroke through the VA Employee Education System?



In September 2004, the Employee Education System (EES), in collaboration with the Physical Medicine and Rehabilitation Program Office of VACO Patient Care Services and the Office of Quality and Performance, nationally rolled out a web-based independent study course titled: “Stroke Rehabilitation Clinical Guideline Independent Study.”

To date, 76 VAMC facilities have had one or more clinical staff complete this EES training module. The average number of staff completing the course per facility was 2.7 (SD 4.4.) with a range from 1 to 37.

Discipline/Occupation Category:

- ◆ 60% - Allied health staff
- ◆ 25% - Nurses and nurse practitioners
- ◆ 8% -Administrators
- ◆ 7% -Physicians

Course feedback:

- ◆ 98% of participants said they obtained new knowledge or skills as a result of completing the education module;
- ◆ 96% said the material will be useful in improving their job functions; and
- ◆ 98% plan to use what they learned.

We encourage you to access this course at:
http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=18802

Our next step is to submit a proposal titled “Stroke Guidelines: Influential Factors of Adoption and Compliance” in June 2005 to VA HSR&D to compare guideline compliance pre- and post-EES national rollout in select sites of care to determine the effectiveness of the education program on outcomes. Stroke-QUERI investigator Dean Reker, PhD, RN will be the principal investigator on this project.

Preliminary findings.....

(EES, Continued from page 1)

depression tool. They felt adequately trained and equipped personally to diagnose and treat depression but did not feel adequately equipped within the current clinic system to provide continuity of care for depression treatment (frequent follow-up appointments were a problem).

These preliminary results were provided by Linda Williams, MD, PI for a VA HSR&D VISN funded Implementation Planning grant.

As a follow-up to these preliminary findings, Dr. Williams and her research team currently have applied for funding with VA HSR&D to test a system intervention for post-stroke depression screening and treatment.

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“Implementation of Research into Clinical Practice”



Stroke QUERI Mission Statement

The mission of the Stroke QUERI is to reduce stroke risk and maximize the functional status and quality of life of veterans with stroke by systematically implementing clinical research findings and evidence-based guidelines into routine clinical practice.

The Stroke QUERI has assembled an excellent team of national leaders and research investigators with the intention of continually developing collaborations with other institutions and investigators centered on the VA stroke population to further expand implementation efforts.

Executive Committee Meeting.....

The Stroke QUERI leadership had their first Executive Committee meeting on February 28, 2005 in Tampa, FL to both review the current progress and immediate plans for the year, to elicit feedback on critical areas of stroke that need focus, and to understand the process of implementation from their respective offices.

The committee enthusiastically endorsed the current activities and progress of the Stroke QUERI Goals 1-4 and held open discussions of existing possibilities that will enable us to align our initiatives and create partnerships to reach our common goals more effectively.

We plan to synthesize this information for comments and discussion on our 30 day follow up conference call. The Stroke QUERI Operations committee will then incorporate these comments into action plans and move forward with a research agenda enlisting the support of the executive committee.

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